



Procurement Review Comprehensive Checklist  
 Procurement Services Division  
 This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION			
<i>General Tracking</i>		<i>Contract Terms</i>	
MINUTETRAQ ID#:	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$22,000.00
COMMITTEE: HEALTH & HUMAN SERVICES	TARGET COMMITTEE DATE: 09/17/2024	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$22,000.00
	CURRENT TERM TOTAL COST: \$22,000.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Meghan Butcher	VENDOR #: 30611	DEPT: Community Services/Senior Services	DEPT CONTACT NAME: Natasha Belli
VENDOR CONTACT:	VENDOR CONTACT PHONE: 847-975-1386	DEPT CONTACT PHONE #: 630-407-6498	DEPT CONTACT EMAIL: Natasha.Belli@dupagecounty.gov
VENDOR CONTACT EMAIL: mnbutcher59@gmail.com	VENDOR WEBSITE:	DEPT REQ #:	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Contractual work to complete AgeGuide required tasks for TCARE Program and additional AgeGuide responsibilities			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished AgeGuide has required all funded partners to provide the TCARE program to caregivers within DuPage County. Due to the unit being short staffed, the contract worker will assist with meeting these grant requirements along with other needs within the unit/CCU. The contract worker is familiar with the program, was trained as a TCARE Specialist until she left her previous position within Senior Services. Contract worker had a current contract to complete the work within the TCARE program.			

SECTION 2: DECISION MEMO REQUIREMENTS	
DECISION MEMO NOT REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required. RENEWAL
DECISION MEMO REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required. OTHER PROFESSIONAL SERVICES (DETAIL SELECTION PROCESS ON DECISION MEMO)

SECTION 3: DECISION MEMO	
STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact. CUSTOMER SERVICE
SOURCE SELECTION	Describe method used to select source. Meghan Butcher was an employee with DuPage County Community Services until 7/12/22. She is a certified Care Coordinator through the Illinois Department on Aging, is a certified TCARE Specialist and is familiar with the program, TCARE data entry system and the assessments. She has also had a contract with DuPage County completing the TCARE assessments.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). 1. Pay current staff over-time to complete additional work at a higher rate 2. Hire permanent staff for grant period

### SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

<b>JUSTIFICATION</b>	Select an item from the following dropdown menu to justify why this is a sole source procurement. OTHER
<b>NECESSITY AND UNIQUE FEATURES</b>	Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer, letters from distributor, warranties, licenses, or patents as needed. Be specific.
<b>MARKET TESTING</b>	List and describe the last time the market has been tested on the applicability of the sole source. If it has not been tested over the last 12 months, explain why not.
<b>AVAILABILITY</b>	Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.

### SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Meghan Butcher	Vendor#:	Dept: Community Services	Division: Senior Services
Attn:	Email: Mnbutcher59@gmail.com	Attn: Natasha Belli	Email: Natasha.Belli@dupagecounty.gov
Address: 1812 Sussex Walk	City: Hoffman Estates	Address: 421 N County Farm Rd	City: Wheaton
State: IL	Zip: 60169	State: IL	Zip: 60187
Phone: 847-975-1386	Fax:	Phone: 630-407-6498	Fax: 630-407-6501
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Meghan Butcher	Vendor#:	Dept: Community Services	Division: Senior Services
Attn:	Email: Mnbutcher59@gmail.com	Attn: Natasha Belli	Email: Natasha.Belli@dupagecounty.gov
Address: 1812 Sussex Walk	City: Hoffman Estates	Address: 421 N County Farm Rd	City: Wheaton
State: IL	Zip: 60169	State: IL	Zip: 60187
Phone: 847-975-1386	Fax:	Phone: 630-407-6498	Fax: 630-407-6501
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Sep 1, 2024	Contract End Date (PO25): Aug 31, 2025
Contract Administrator (PO25):			

**Purchase Requisition Line Details**

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/Activity Code	Unit Price	Extension
1	1	EA		Contract Agreement to provide IIIE TCARE requirements	FY24	5000	1720	53090	24-7035	22,000.00	22,000.00
<b><i>FY is required, assure the correct FY is selected.</i></b>										Requisition Total	\$ 22,000.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Please email a copy of the PO to Geoffrey Kinczyk in Finance
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.

The following documents have been attached:     W-9     Vendor Ethics Disclosure Statement